







Please note: Proposal Form must be completed in full to be considered by committee except for those communities seeking funding for Preliminary Engineering Report, Facility Plan or Environmental Report. Applicants who do not have a Preliminary Engineering Report, Facility Plan or Environmental Report completed please complete item numbers; 1, 2, 3, 4, 6, 8, 9, 10, 11 (only the cost of the PER/ER) and 12 to the best of your ability.

1.	Identification Information (City, County, Water District, Sewer D	istrict): (List others, if joint app	olication.)
a)	Name:		
b)	Mailing Address:		
c)	City, State, & Zip:	County:	
d)	Chief Official:	Title:	
e)	Contact Person:	Title:	
f)	Telephone Number:	Fed. Tax ID #:	
g)	Email		
2.	Proposal Preparer (if different than contact person stated above	e):	
a)	Name:	Title:	
b)	Name of Group:		
c)	Mailing Address:		
d)	City, State, & Zip:		
	Telephone Number:Email		
3.	Who in your organization will be responsible for project manage		day
	communication with funding agencies, attend meetings and su	ıbmit reimbursement requests)	
	Name:	Title:	
ĺ	Mailing Address:		
	City, State, & Zip		
	Telephone Number		
(Email		
g)	Will your organization have to hire temporary staff or contract out for (if so this cost should be included in the project budget)	1 0	□ Yes □ No
4.	Other Information (for reporting purposes):		
a)			
b)	Median Household Income of service area (use 2000 census): Public □	Owner	
c)			

5. Preliminary Engineering Report (PER), Facility Plan and	l Environmental Report (ER) Sta	atus:		
a) Has a PER, Facility Plan and ER report been completed according to USDA Rural Development Bulletins and Checklist? Yes Yes Yes				
b) Have the PER, Facility Plan and ER report been reviewed, an				
6. Funding Programs Considered (Please check all that ap State – Clean Water SRF: \$	USDA – Rural Dev. Loan:	\$		
State – Drinking Water SRF: \$	USDA – Rural Dev. Grant:	\$		
AB198/237 State Grant: \$	Other: (please explain)	\$		
TABITYOF 23 Y State Grant.	If US Army Corps of Engineers			
State – CDBG Grant: \$	Funding is part of project has a Pobeen signed?	CA Yes No		
7. Bond Issues and Tax Rate				
a) Has a bond issue for this project been passed?	No If yes, what is the amo	ount? _\$		
b) What type of bond issue was passed?	ue bond General Obligati	on bond		
c) Please submit copy of ballot language with this proposal form	<u>.</u> .			
a) is more an internet to pass a cond.	No If so, when will it be on	the ballot?		
e) Has a lending agency been consulted?	No f) Are there existing box	nds? Yes No		
g) What is the debt service on existing bonds or notes?				
h) What is the current tax rate of County: Cit 8. Briefly describe project need, impact, and proposed activiolation Orders from the State, any emergency situation future development (attach page, if necessary):				
9. Project Type:				
☐ Water ☐ Waste	ewater			
10. User Charge Information (must complete for both system	ms):			
Do you have separate water and wastewater accounts, and balance sheets?	☐ Yes	□ No		
	WATER	WASTEWATER		
Is your water system metered?	Yes No			
Does the system have metered and non-metered users? What is the average gallons per day usage for metered residential connections? What is the average gallons per day usage for other than residential connections? If needed attached chart.	Yes No			

What is the average gallons per day usage for all non-metered connections?		
Number of residential users (hookups):		
Number of non-residential users (hookups):		
Current monthly residential charge for 15,000 gallons used:		
Proposed monthly residential charge for 15,000 gallons used:		
Month and year of last rate increase:		
Gross revenues for last fiscal year:		
Gross expenses for last fiscal year:		
11. Proposed Project Cost Estimate (must correspond with	attached preliminary en	gineering report):
Activity		Estimated Cost
a. Construction (Date of cost estimate:)	
b. Engineering Fees – total, provide breakdown below		
Preliminary Engineering Report, Facility Plan and Environm	ental Report	
Project Design (Includes Bidding and Project Administration	·	
Other Engineering (if applicable – Geotechnical, Electrical, etc – provide detailed breakout of other e		
Construction Resident Inspection		
c. Property Acquisition (site, right-of-way, appraisals, etc.)		
d. Legal and Bonding		
e. Other Professional Services		
f. Other (specify):		
g. Contingencies (5% of construction cost)		
TOTAL PROJECT COST		
12. Describe evidence that project area or beneficiaries will	meet the income requir	ements of RD or CDBG programs:

13. Certification:						
The undersigned official of the applicant certifies that the information contained herein and the attached documents are true, correct, and complete to the best of my knowledge and belief. The applicant further understands that this project proposal is a preliminary request and is not a substitute for a full application to any agency, nor does it assure funding from any agency. Name and title of Chief Official:						